

Howard County Historical Society  
Volunteer Application

**Please read before completing form:**

Our livelihood depends on volunteers like you. Please help us understand your areas of interest by completing this form. Answer **ALL** questions and please **PRINT LEGIBLY**. This information will be reviewed with you during a scheduled appointment. Thank you for your interest in becoming a volunteer at the Howard County Historical Society (HCHS).

<b>Contact Information</b>			<b>Today's Date:</b>		
<b>Name:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>County:</b>		<b>State:</b>	<b>Zip:</b>
<b>What is the best way for us to contact you? (Provide all that are applicable):</b>		<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>E-mail:</b>	
<b>Are you a member of the Howard County Historical Society?</b>			<b>Yes</b>	<b>No</b>	<b>• No, but interested in information about membership</b>

**Availability (Please check all that apply)**

What **days of the week** are you available for volunteer assignments?

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Special Events
<b>Available Start Date:</b>			<b>Number of hours available to work per week</b>			

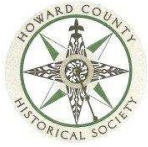
What **hours of the day** are you available for volunteer assignments?

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
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**Interests (Please check all that apply)**

<input type="checkbox"/> Welcome Desk	<input type="checkbox"/> Database Creation	<input type="checkbox"/> Museum Docent
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Research	<input type="checkbox"/> Writing Articles for Legacy newsletter
<input type="checkbox"/> Other (Please describe)		

**Special Skills or Qualifications** Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. **You can attach additional sheets and/or resume as well.**



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**Person to Notify in Case of Emergency**

Name:		
Day Telephone:	Evening Telephone:	Cell Phone:

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

**Contact:** Howard County Historical Society  
info@hchsmd.org  
410-480-3250

**For Office Use ONLY:**

	Date	Time	Coordinator's Name
<b>Scheduled Conversation:</b>			
<b>Other Areas of Interest:</b>			
• Mailings	• Updating Collections	• School Presentations	• Outreach Programs
• General Research	• Howard County Fair	• 2 <sup>nd</sup> Sunday Farmers' Market	• Parties/Social Events
• Fund Raising Events	• Antique Appraisal Fair	• Museum Concert Series	• Lunch Dates
<b>Other:</b>			
<b>Is there any further follow-up needed?</b>			
	Yes	No	If answer is yes, please explain: